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ABSTRACT

Sigmund Koch has suggested that psychology is not and cannot be a coherent science in terms of the philosophy and methods of the physical sciences and that the term science cannot be properly applied to psychology, esthetics, creativity, or the domains of the humanities. Starting from this premise, the present author asks whether the research methods of science are not really transferrable to the study of living persons and interpersonal relationships? Or, is another kind of research method needed to study the infinite variety and complexity of human experience. The case study method is suggested. This method broadens professional competence, has contributed to the professional literature, and can be undertaken without elaborate research programs. Examples of the latter are noted. A pilot study using the case study approach to investigate the psycho-social aspects of the pregnancy experiences of adolescents, and attempts at and subsequent success in obtaining funding for a full scale project are described. This study and several others noted combine service and research programs in psychiatric social work. They promise to be fruitful. (CK)

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THE CASE FOR CASE STUDIES IN RESEARCH[+]

Maurine LaBarre[++]

A sobering essay by Sigmund Koch, in the September issue of Psychology Today,[1] concludes that psychology is not and cannot be a coherent science in terms of the philosophy and methods of the physical sciences. Dr. Koch, as you may know, speaks from his experience in a thirty-year career in psychology and as director of a study sponsored by the American Psychological Association which brought together about eighty scholars to assess facts, theories and methods of psychology, a study now reported in seven volumes.[2] Koch points out that he is not saying "that psychological studies should not be empirical, should not strive towards the rational classification of observed events, should not essay shrewd, tough-minded, and differentiated analysis of the interdependences among significant events", or that "statistical and mathematical methods are inapplicable everywhere". What he does say is that "in many fields close to the heart of the psychological studies, such concepts as 'law', 'experiment', 'measurement', 'variable', 'control' and 'theory' do not behave as their homonyms do in the established sciences. Thus the term 'science' cannot properly be applied to perception, cognition, motivation, learning, social psychology, psychopathology, personality, esthetics, the study of creativity or the empirical study of phenomena relevant to the domains of the extant humanities. To persist in applying this highly charged metaphor is to shackle these fields with highly unrealistic expectations; the inevitable hueristic effect is the enaction of imitation science". As an alternative he recommends the alliance of psychology with various of the humanities "to explore the meanings of human experience,

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actions, and artifacts at their most value-charged reaches, among men", i.e., not in the laboratory.

I have neither the temerity nor the competence to challenge the twentieth century Goliath of "scientific research" in my own or related fields. But I believe there is need for all of us concerned with people and professional service to think hard about our objectives and philosophy of research. Are the traditional methods of physical sciences really transferrable to the study of the living person and interpersonal relationships? It may be theoretically possible to break up any phenomena so they can be quantified, coded, card-punched, programmed and analyzed by statistical formula fed to the computer. But does this method of fragmenting aspects of personality and experience violate and destroy the inherent nature of human nature and experience, the gestalt of thought and feeling in a living person in on-going life? Why should we try to fit the infinite variety and complexity of human experience into a procrustian bed that stretches or chops off parts of its essential nature? Is this the only kind of research that is productive and that merits the investment of our energy and support?

I believe there is a case to be made for another kind of research, the case study method. The refinement of methods for this kind of investigation may generate new ways of analyzing clinical data and validating our insight and theoretical formulations about normal and abnormal growth and development, about personality and relationships, and about the effects of different kinds of treatment.

Each of the professions in multi-discipline psychiatric service focuses on the individual case study as the basis for recommendations and treatment. The case study method has been the traditional basis of training and practice in medicine, law and social work. We have all been repeatedly convinced, from our own clinical experience and from training

students, that careful, thorough study of the individual case is essential to development of insight and skill, and that it is the patient accumulation of such experience and study that substantiates and broadens professional knowledge and competence. Many a single case study has merited publication as a contribution to professional literature. The history of medicine is starred with new ideas and discoveries that were generated by curiosity, unstructured but perceptive observations, intuitive guesses, hunches, dream work sometimes, experience with a single puzzling incident or case. The classical example of the value and impact of a single case study in our field of child psychiatry is "Little Hans",[3] in which original ideas, insight and theoretical constructs emerged from analysis of the problems of one little boy. A creative process occurs in the analysis and organization in written form of ideas about a concrete, living person that is related to but different from the processes in spoken dialogue. There is great need for and value in exploratory, documentary case studies, especially in virgin territories in which little has been investigated.

Case studies are a kind of research feasible for staff members in any clinic setting, however small. While some people begin with more facility and practice in case analysis and writing than others, it is a mistake to assume that this kind of research just grows, like Topsy. I believe training programs should make a place for and emphasize the value of this kind of research, and require residents and graduate students to practice and develop creative research ability in writing case studies. I have pleaded in vain for a dozen years in two child psychiatry departments for this kind of research training. It is my hope that AAPCC can give leadership in encouraging member clinics to stimulate and cultivate this kind of research skill and contribution by providing training, time, financial support and other kinds of encouragement.

As our panel group is using its own experience in its own setting as illustration, despite my personal resistances I will try to describe some of the circumstances,

happenstances, vicissitudes and support involved in developing this kind of research. During my college years, though I groaned over term papers, I learned to enjoy organizing material and writing. I gained some orientation to research by "working my way" as a research assistant, and then worked a couple of years on sociological research projects, and got an M. A. in Sociology. When I "happened" into social work and became engrossed in understanding and articulating what I was learning about family life and case work counselling, I was encouraged by the executive of the family agency to make case studies and write papers. In my ignorance I did not know that there is perhaps no faster way up the professional career ladder than to publish, as I found when my modest publications led to an opportunity to edit a social case work journal. In this position I could encourage writing and publication of case studies.

Marriage to an anthropologist broadened my conception of "environment" to "culture", and of "home visits" to "field work". After retiring from professional work for several years to raise a family, I had an opportunity to re-engage myself, as a psychiatric social worker in a child psychiatry department. My earlier experience led me to try my hand again in planning and writing up a number of small studies, which fortunately I was able to present at conferences and get published. If one has creative drive or need for status and is willing to devote evening and week-end hours to writing, one may get some goodies, including travel expenses to conferences he would like to attend, such as AAPCC meetings. Medical centers, like universities, count the number of publications of faculty members as one measure of their contribution. In some places this demand for publication goes so far that promotions up the ladder from instructor to assistant, associate and full professorships are dependent on how many papers one is able to get published. Some wag in our Duke Divinity School put up a sign: Publish or Parrish.

Collaborative or related studies by several staff members may make a worthwhile contribution to practice. A study stimulated by an invitation to participate in the 1959 AAPCC

program led to documentation and analysis of dynamics involved in team collaboration, based on experience of two teams working with psychotic children and their parents that met weekly to discuss therapy developments.[4] A number of related studies may lead to elucidation of a clinical syndrome or treatment problem. When the Department of Psychiatry at the University of North Carolina Medical School was began, in relatively recent years, various staff members were impressed by the number and variety of cases of conversion reaction and hysteria among patients from small towns and rural areas of the region, such as they had rarely seen in clinic practice in urban centers. A study was made by one of the psychiatrists on the incidence of such cases, age, sex, and other demographic facts about these patients.[5] Another wrote a paper on "Hysteria in Childhood",[6] a third staff member wrote a discussion of cultural factors associated with hysteria based on his observations in cases and staff conferences.[7] Primed by a colleague to seek a case appropriate for demonstrating the value of home visits, I found an opportunity for a special case study of hysterical blindness in a ten-year old Negro girl, and made a field visit to her parents in their home, the local physician, teacher, and welfare worker, and attended a faith-healing ceremony in a Holiness Church where the child's blindness was to be "cured". A detailed narrative, documentary account of the case was prepared for presentation at Grand Rounds, and discussed by staff members, including an anthropologist. Later we were encouraged to publish the case study and discussion,[8] which has since been used for teaching purposes in several training programs. In this connection, it is worth noting that the American Association of Schools of Social Work collects, edits and distributes teaching cases for use in schools of social work. A similar service by AAPCC might encourage and facilitate the production of well-documented case studies and thereby enrich our training programs.

I mention these studies as examples of the variety of small scale research studies related to clinic practice which can be undertaken by staff members without elaborate

reserach programs. These demonstrations of research productivity, plus a combination of other factors, led to an opportunity to devote my efforts for a limited period of time to research planning. Now I faced the problem of where to begin, what to focus on, how to develop research interest into a fundable project. A colleague had for some time been interested in studies of emotional aspects of pregnancy, and started me on an exploration of the literature. This step in research is time consuming, and is all too often skipped by novices. Within a few months I had accumulated a bibliography of nearly 500 references, and began to wonder if there was any unexplored aspect of this fascinating subject which a beginner in the field might investigate. A few years prior to this, perhaps because I was approaching grandmotherly age, I had been impressed by a facet in the lives of a number of children brought to the clinic, namely, the presence of a grandmother in the home or otherwise involved in the child's experience. This observation led to a study of the clinic caseload to explore the incidence of and the significance of grandmothers in the lives of our child patients.[9] Now, as I mulled over the pregnancy studies, I began to hear repeatedly, like a bell ringing, a faint, undeveloped theme - the significance of the relationship between the pregnant woman and her mother. But, as far as I could discover, at the time no one had investigated this subject from both sides of the coin, i.e., no one had interviewed both prospective grandmother and her daughter, the mother-to-be. So I found an unexplored aspect of the larger subject to study.

I set up what I thought was a rather neat little pilot study, choosing to focus on married, white high school graduates in their early 20's, experiencing their first pregnancy, who had themselves been delivered at the same hospital, whose mothers were available for interviewing. Conferences with the Chairman of the Obstetrics-Gynecology Department led to permission to recruit subjects from the Pre-Natal Clinics. In discussing the selection of patients, the Chief Resident commented dubiously that he might be able during the year to find a dozen patients meeting my criteria, but that most of their primiparas were teenage

girls. I respect the observations of residents and other front-line service people, so I reconsidered my plan. Meanwhile, both for information and public relations, I looked up the publications of Ob-Gyn staff members, and found a paper on "Fetal, Parental and Environmental Factors Associated with Perinatal Mortality in Mothers under 20 Years of Age".[10] The data in this paper and the references cited led me back to library research, where I found more than three dozen published obstetric studies of adolescent pregnancies. It was in this way that I learned about the teenage population explosion. While many of the medical studies commented on the need for studies of psycho-social factors, I could find no trace of any such studies published or under way, so I decided to make my beginning by studying psycho-social aspects of the pregnancy experiences of married adolescents. I was able to substantiate the need for such research, in justification of a pilot study, and obtained support from Child Psychiatry for part of my salary and from University funds of a grant for "seed money". Mine was a modest study,[11] but the interest of psychiatrists, psychologists, social workers, and other research people in this relatively unexplored subject is indicated by the large number of requests for reprints which I received, including requests from more than fifty foreign scholars. Subsequently ideas generated in this study were developed in a tandem discussion by my husband and myself, called "The Triple Crisis: Adolescence, Early Marriage and Parenthood".[12]

I now believed I had a "natural" for a larger research project, but needed time to increase my research know-how and developed an application. Because of my research interests, I was offered a position as social work research consultant with the Education Improvement Program, a new project designed by one of the Child Psychiatry staff, funded by a grant from the Ford Foundation. This program to develop innovative educational methods for teaching culturally deprived children included a longitudinal infant evaluation study, to which I was assigned.[13] This opportunity increased my research experience in recruiting

a research sample, determining and sustaining the motivation of the families for participation, and for systematic collection and coding of data about family and cultural backgrounds of the infants. As a fringe benefit, I had an opportunity to prepare a case study of one of the infants[14] and to make a documentary case study of the strengths of the self-supporting poor.[15] The project also generously granted me some time to continue planning research study on pregnant teenagers.

Novice that I was to grantsmanship, I went to Washington to discuss first hand, my ideas for a project. A kindly gentleman in one of the national institutes, after listening to my plan and looking over my curriculum vitae and list of publications, advised me that I had three counts against me in getting a grant: 1) I was a woman, 2) I was a social worker, and 3) I had not published any "hard-nosed" research. He might have added also that I had neither M. D. nor PhD. As review boards, he said, were weighted with research psychologists and doctors, they would not be likely to consider me qualified to be principal investigator. Despite this realistic advice, I believed it worth a try, and worked very hard in summarizing the literature, other related research projects, my pilot study, and a research plan based on case studies. My application was rejected. With encouragement, I tried another agency, and was again rejected, with the advice to get a co-investigator who had done hard-nosed research, but to be careful that he did not take over my plan! Three times and out, I thought; maybe a social work agency would be more receptive, so I tried Children's Bureau. To my delight, the Director of Research believed there was a place for and value in exploratory descriptive research in virgin territory, and encouraged me to draft a plan based on unstructured exploratory interviews and analysis of case studies. Despite his support, the Review Board rejected the application because, it said, limitations of funds necessitated giving priority to demonstration projects. I saw no possibility of developing a demonstration project within the medical center in the near future.

By this time I had perforce become more realistic about my lack of background and competence for formalized research planning and for the competitive struggle for funding. A suggestion has been made that medical centers employ a grant broker who knows the ropes and what will sell in research. I think this idea is appalling; it smells like advertising experts deciding what image of a president can be sold to a gullible public. But I believe it would be helpful, particularly to beginners who have not had special research training, to get realistic consultation from research persons experienced in our own field. Our Child Psychiatry Division did engage for several months a consultant with considerable psychiatric research experience, who generated much stimulating discussion about the philosophy and methods of scientific research. When it was my turn to present my project, I learned a lot about the need for formulating an hypothesis, focusing on a limited number of definable variables, quantifying descriptive data and the like. I had also had throughout a great deal of consultation from the colleague who was also interested in pregnancy research.

Through these experiences over a period of a year and a half, I realized that any hopes of a fundable research project about pregnant teenagers would have to be deferred until such time as the interest of a multi-discipline team could be engendered and organized. Of such a project I might be a part, but not chief investigator. I had invested a lot of libido, not only in the subject of pregnant teenagers, but also in hopes that the status of social workers in the medical center would be enhanced by success in getting funds for a research project. But I came to realize that I really did not want at this time in my career to undertake the long investment of time and energy necessary for becoming recognized as "hard-nosed", and that I did not want myself to do "that kind" of research.

By happenstance, soon after this self-evaluation of my research situation, I was invited to an informal discussion with a small group of community agency people interested in planning family life education courses. Information about drop-outs in junior high school

pointed to the need for such instruction prior to senior high school. To this was added about some indications of the number of drop-outs because of pregnancy, as pregnant girls were required to leave school when their condition became obvious. I shared with the group some of the things I had learned about teenage pregnancy, and two programs for continuing education for pregnant school girls which I had visited.[16] This information excited the group. "Let's start a program here". I thought it would take a year of planning and preparation, and would require a full-time staff person to organize and get funds. "Let's try it now," they said. Within a week the President of the Community Planning Council appointed me chairman of a committee to plan a pilot project and explore funding possibilities. We gathered a group of representatives from the public schools, the Departments of Health and Welfare, the Family Counseling Agency, the YWCA, our local OEO program, the Child Guidance Clinic, EIP and the like. After two meetings, we carried plans for a pilot demonstration project back to our agency boards or administrations for approval. The Durham Child Guidance Clinic and EIP contributed funds for the salary of a full-time teacher; EIP also contributed half my time to coordinate and develop plans, and we went on the "cream-chicken-green pea" circuit to solicit funds from civic organizations for other expenses. Part-time services were volunteered by a public health nurse, a recreation worker from the YWCA, a family life counsellor, and a home economics teacher, plus assurance of cooperation from other agencies. Hence we called our project "The Cooperative Project."[17] Classroom space was provided in the religious education building of a centrally located church. A newspaper story of the approval of the pilot project by the City Schools Board of Education, and announcements sent to school principals, ministers and physicians, brought a flood of applications. Within a few months over seventy girls had been referred. We selected twelve of these, including married and unmarried, white and black, and then stretched our capacity and admitted five more who were seniors and could

get their high school diplomas through attending our classes. With the help of several part-time volunteer teachers we offered basic courses in English, Mathematics, history and geography, and a combination afternoon program of home economics, health instruction, arts and crafts and family life instruction.

On the basis of this demonstration, and the information I had accumulated, we prepared a grant application. The former director of a similar demonstration project in Washington, D. C., who had subsequently taken a position in the U. S. Office of Education, encouraged us to apply for funds under Title III, ESEA, for innovative education programs. Our proposal was approved for a three-year period as an exemplary program for the southeastern region.[18] The State Director of Title III programs said ours was the best planned and best written application that had been received. My difficult apprenticeship in preparing grant applications had enabled me to draft more effectively a proposal combining demonstration and research.

Our project for pregnant school girls includes an evaluation plan and other research. My experience in EIP was useful in preparing research schedules for recording information about the living situations of our students, socio-economic status, family structure, health history, previous school experience, and the like. Our program was fortunate also, through the contacts I had made in my research explorations, to be included in a project called the Cyesis Programs Consortium,[19] sponsored by Children's Bureau, and the Schools of Medicine at Yale University and the University of Pittsburg. One of the functions of the Consotorium is to gather and disseminate information about multi-discipline community services to school-age pregnant girls. This group has been a hitherto neglected one, but the community projects developed in the last few years, now numbering about a hundred, already serve more school-age girls than all the maternity homes in the country. Underway is the collection and analysis of socio-demographic and medical data on 8000 girls in

community based projects, and a comparable age group of girls in maternity homes. Collection of data on this scale is feasible only through collaboration of a considerable number of organizations in various places, and our project is pleased to participate in this venture. Through my interest in pregnant teenagers I have also had the opportunity to participate in a number of regional and national workshops for directors of such programs, for research in sensitive areas of adolescent sexuality, and for developing a national strategy for improving services to youthful parents.

In addition to the kind of research data mentioned above, and collection of information about abilities, academic achievement and school performance, our research program includes the collection of other kinds of documentary materials otherwise lacking but valuable in increasing knowledge of and planning programs for teenage pregnant girls and their infants. For example, we are now engaged in a follow-up study of the readjustments of our students who returned to regular schools, or their experiences in seeking further training or jobs, their family situations, and the care and development of their babies. We are analyzing case studies based on counselling interviews by the psychiatric social workers and the nurse , observations of other staff members, essays written by the students, and some questionnaires about information and attitudes about sexuality, reproduction, pregnancy, child birth, infant care, and the like. One study underway focuses on emotional crises occuring during pregnancy and early motherhood; a second, on relationships between the girls and the fathers of their babies, whether boy-friend or husband.

A program combining service and research offers one of the most fruitful possibilites for obtaining information about current intricate relationships of feeling and experience. Research-wise, we have the opportunity of studying case material authenticated through self-initiated requests of the girls, characterized by voluntary, spontaneous expression

of feelings and concerns, in relationships of trust and confidentiality. In clinical experience we know, we have found over and over again, that under the pressure of need, of suffering, in a relationship with a non-judgmental, accepting person, offering interest and help, people express their feelings spontaneously and genuinely, with that flow of association inherent in the conscious and unconscious gestalt of personal experience. No simulated laboratory situation can vadidly reproduce this reality and quality of experience.

This brief history of the development of psychiatric social work interest in case studies into planning and participation in a community-based service and research program is worth citing, I trust, because it is an example of one way in which our concern for the mental health needs of children and youth can be extended from the traditional clinic center out to the community in response to community needs. I know that my status as faculty member of a department of psychiatry in a medical school has enhanced my participation in this field of community service and research. I like to believe that my participation in the community project has in turn contributed to the training program and research interests of the department of child psychiatry. I hope that discussion at this conference may stimulate interest and planning among AAPCC members to encourage and support the case study method of research.

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